


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

04 JAN 14 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000013894**

1. Corporation Name

VARMIT ASSOCIATES, INC.

2. Principal Office Address

4502 W. ELM ST.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TAMPA, FL.

City & State

Zip

33614

Country

USA

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

02/01

5. FEI Number

59-3695739

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CECIL F. LOWERY, JR.

Street Address (P.O. Box Number is Not Acceptable)

4502 W. ELM ST.

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33614

300026913323
01/14/04--01023--025

***\$900.00**

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cecil F. Lowery, Jr.

REGISTERED AGENT MUST SIGN

Date

01/09/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Betty R. Lowery	4502 W. ELM ST.	TAMPA, FL. 33614
VP	CECIL F. LOWERY JR.	4502 W. ELM ST.	TAMPA, FL. 33614

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Cecil F. Lowery, Jr. **CECIL F. LOWERY, JR.** **01/09/04** **813/886-9721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)